

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 30, 2001

ALL-COUNTY INFORMATION NOTICE NO:I-72-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS
ALL COUNTY WELFARE FISCAL OFFICERS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☐ Initiated by CDSS

SUBJECT: INCREASED STATE PARTICIPATION FOR NON-PUBLIC AUTHORITY
(NON PA) INDIVIDUAL PROVIDER (IP) WAGES FOR THE IN-HOME
SUPPORTIVE SERVICES (IHSS) PROGRAM

REFERENCE: ACL 01-25, ACIN I-92-00

The purpose of this All-County Information Notice (ACIN) is to provide counties with information about the increase in the State participation limit for Individual Provider (IP) wages for In-Home Supportive Services (IHSS) program Non-Public Authority (PA) counties. This increase was provided in Assembly Bill (AB) 429 (Chapter 111, Statutes of 2000), and is effective July 1, 2001. Also, this letter provides clarification of the State participation after the January 1, 2002 minimum wage increase for Non PA counties.

ADDITIONAL 2.31 PERCENT WAGE INCREASE

AB 429 added Welfare and Institutions Code (WIC) Section 12306.21 to allow State financial participation in Non PA/IP wages that are up to 5.31 percent above the State minimum wage. At the current State minimum wage, the State will share in a Non PA/IP hourly wage of up to \$6.58. This represents a 2.31 percent increase from the prior year for counties that have already increased IP wages above the minimum wage.

The State will participate in the wage increase at the normal sharing ratios for IHSS service costs of 65% State general funds and 35% county funds of the non-federal costs for the wage rate plus employer taxes. The State participation is effective July 1, 2001.

If a county currently has an IP wage higher than the new minimum wage plus the 5.31 percent increase, the State will only participate in that wage up to \$6.58. Any cost of the wage above \$6.58 will be county only funds until additional increases in the statewide minimum wage occur or other State budget authority is provided for increased State funding for IP wages. Federal Medicaid (Title XIX) matching funds are available,

with the approval of the Department of Health Services, up to 150 percent of the State minimum wage according to the Title XIX State Plan Amendment for Personal Care Services Program (PCSP).

According to ACL 01-25, the county should do the following for the State to implement additional wage increases for a Non PA county:

1. Submit written notification to increase the county's IP wage rate to:

Alan Stoltmack, Chief
California Department of Social Services
Adult Programs Branch
744 P Street, M.S. 19-96
Sacramento, CA 95814

2. The wage increase notification must include the total rate, in dollars and cents, and the effective date.
3. Please be aware that we need advance notice of a minimum of 30 days to reflect and pay the new rate via the Case Management, Information and Payrolling System (CMIPS). This means that if a county elects to retroactively effectuate the additional increase, the county will need to manually input the information as CMIPS does not have the capacity to do so. Special Preauthorized Transactions (SPEC) for all advance pay recipients will need to be completed in order to cover the increase for the months that have already passed. SPEC transactions will also have to be completed for all individual providers to reflect the wage difference for time worked from July 1, 2001 through the effective date of the rate change on CMIPS.

There have been prior instances where counties did not provide timely notification to implement a wage change. As a result, the counties had to manually input the wage change. We would like to prevent this additional workload for counties from occurring in the future.

IMPACT OF JANUARY 1, 2002 MINIMUM WAGE CHANGE

As outlined in All-County Letter No. 01-25 the minimum wage will increase from \$6.25 to \$6.75 per hour effective January 1, 2002. With the enactment of SB 429, the State will participate in the wage increase at its normal sharing ratio in a Non PA/IP hourly wage rate of up to \$7.11, effective January 1, 2002. Any cost of the wage above \$7.11 will be county only funds until additional increases in the statewide minimum wage occur or other State budget authority is provided for increased State funding for IP wages. Federal Medicaid (Title XIX) matching funds are available, with the approval of the Department of Health Services, up to 150 percent of the State minimum wage according to the Title XIX State Plan Amendment for PCSP.

Counties that anticipate further increasing their IP wage rates should follow the instructions outlined above prior to December 1, 2001. This will allow the processing time of 30 days for CMIPS to reflect and pay the new wage.

SURVEY OF INTENT

The California Department of Social Services (CDSS) is requesting that Non PA counties complete the attached survey relating to the funding appropriated for up to a 5.31 percent wage increase for individual providers. **The survey will not serve as notification to implement a wage increase. A written notification to the Department as outlined above must be submitted to implement a wage change.** The survey results will assist CDSS to develop fiscal and program policies for the current fiscal year.

We request that the survey be completed and returned by September 17, 2001 by mail or FAX to:

California Department of Social Services
Adult Programs Branch
Fiscal and Administrative Unit
744 P Street, M.S. 19-96
Sacramento, CA 95814
FAX Number: (916) 229-3155

Questions regarding CMIPS procedures can be addressed to Klint Donaldson at (916) 229-4013. Questions regarding State financial provisions for IP wage increases can be addressed to Vicky Delgado of the Adult Programs Fiscal and Administrative Unit at (916) 229-0440, or your IHSS/PCSP Operations Analyst at (916) 229-4000.

Sincerely,

***Original Document Signed by
Donna L. Mandelstam on 8/30/01***

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

Non-Public Authority Individual Provider County Survey of Intent

1. Is your county going to increase IHSS individual provider wages **prior to January 1, 2002?**

Circle one: Yes No

If yes, please answer the following questions:

a. What do you anticipate the new wage rate will be? Dollar amount:
\$ _____

b. What do you anticipate the effective date will be? Effective date:
____/____/____

2. Is your county going to increase IHSS individual provider wages **after January 1, 2002?**

Circle one: Yes No

If yes, please answer the following questions:

c. What do you anticipate the new wage rate will be? Dollar amount:
\$ _____

d. What do you anticipate the effective date will be? Effective date:
____/____/____

OTHER COMMENTS?

County _____ Date ____/____/____

Completed By _____ Telephone No. () _____